PTO/SB/01 (10-01)
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DECLARATION FOR UTILITY OR	Attorney Docket Nur	mber J-3763
DESIGN	First Named Invento	Anthony J. Cafferata
PATENT APPLICATION	COMPL	ETE IF KNOWN
(37 CFR 1.63)	Application Number	
X Declaration Declaration	Filing Date	October 31, 2003
Submitted OR Submitted after Initial with Initial Filing (surcharge	Art Unit	
Filing (37 CFR 1.16 (e)) required)	Examiner Name	

As the below named inventor, I her	eby declare that:			1
My residence, mailing address, and ci	itizenship are as stated belo	ow next to my name.		
I believe I am the original and first inv	entor of the subject matter	which is claimed and for wh	ich a patent is soug	tht on the invention entitled:
DISPLAY PA	ACKAGE WITH ST	ABILIZING AND I	NDEXING M	EANS
	(Title of the	Invention)		
the specification of which		·		
is attached hereto				
OR _				
was filed on (MM/DD/YYYY)		as United States	Application Number	or PCT International
Application Number	and was amend	led on (MM/DD/YYYY)		(if applicable).
I hereby state that I have reviewed an any amendment specifically referred to		of the above identified spec	sification, including t	he claims, as amended by
I acknowledge the duty to disclose info applications, material information which international filing date of the continua	n became available between			
I hereby claim foreign priority benefits breeder's rights certificate(s), or 365(States of America, listed below and breeder's rights certificate(s), or any claimed.	 a) of any PCT international nave also identified below, 1 	I application which designable to be a signal by checking the box, any f	ated at least one coordinate of the coordinate o	ountry other than the United or patent, inventor's or plant
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
Additional foreign application nun	nbers are listed on a supple	emental priority data sheet	PTO/SB/02B attach	ed hereto:

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: X Customer Num or Bar Code La	1 7X	165	OR Corr	respondence address below
Name Robert A. Miller				
S.C. Johnson & Son, Inc. Address 1525 Howe Street, MS 077		T		
City Racine		State \	WI	ZIP 53403
Country USA	elephone 262-26	0-4975		Fax 262-260-4253
I hereby declare that all statements made herein of my are believed to be true; and further that these stateme made are punishable by fine or imprisonment, or both, validity of the application or any patent issued thereon.	ents were made wit	h the kno	wledge that willful false	statements and the like so
NAME OF SOLE OR FIRST INVENTOR :	A petition I	nas beei	n filed for this unsign	ned inventor
Given Name (first and middle [if any]) $Anthony\ J$.		Family or Surr	~ ~~	
Inventor's Signature	MI	7		Date 10/29/03
Residence: City Milwaukee	State WI		Country US	Citizenship US
Mailing Address 3326 S. 9th Place		 		
City Milwaukee	State WI		ZIP 53215	Country US
NAME OF SECOND INVENTOR:	A petition ha	s been	filed for this unsigne	ed inventor
Given Name (first and middle [if any]) $Cory\ J$.	-	Family or Surn	3.7.1	
Inventor's Cory of Milion				Date 9/19/03
Residence: City Racine	State WI		Country US	Citizenship US
416 Shelley Drive Mailing Address				
			20 40 5	
City Racine Additional inventors are being named on the	State WI supplemental Additi		zip 53405 ntor(s) sheet(s) PTO/SB/0	Country US D2A attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if a	ny:		A petition has been f	iled for tl	nis unsigned inventor
Given Name (first and middle [if any])		Family Na	ame or S	urname
L. Nicholas		Sen	ter		
Inventor's Signature	- _T				Date (0-31-03
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Mailing Address					
City Beach Park	State	IL_	ZIP 60083	Countr	y US
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Given Name (first and middle [if any])		Family Na	me or S	urname
Stephan M.	j	S	Stulo		
Inventor's Signature See In Sa				<u> -</u>	Date 60-29-03
Residence: City Racine	State	WI	Country US	_	Citizenship US
Mailing Address 5341 Agatha Turn					
Mailing Address					
city Racine	State ^V	WI	ZIP 53402	Cou	ntry US
Name of Additional Joint Inventor, if a	ny:		A petition has been filed	d for this	unsigned inventor
Given Name (first and middle [if any])		Family	Name o	or Surname
Inventor's Signature	· · · · · · · · · · · · · · · · · · ·				Date
Residence: City	State		Country		Citizenship
Mailing Address					
Mailing Address			,		-
City	State		ZIP	Co	untry

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PTO/SB/81 (02-01)

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Application Number	
Filing Date	October 31, 2003
First Named Inventor	Anthony J. Cafferata
Title	Display Package With
Group Art Unit	
Examiner Name	
Attorney Docket Number	J-3763

I hereby appoint:		
OR	Customer Number 28165	Place Customer Number Bar Code Label here
X Practitioner(s) na	med below:	
	Name	Registration Number
Mary J. Bre		33,161
Theodore Br		32,103
Jennifer Pul		52,139
Herbert W.	Mylius	24,578
	agent(s) to prosecute the application ideates Patent and Trademark Office connecting	
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Telephone		Fax
	ord of the entire interest. See 37 CFR 3.7 37 CFR 3.73(b) is enclosed. (Form PTC	
.,	SIGNATURE of Applicant or Assigne	e of Record
Name Antho	ny J. Cafferata	
Date	10/29/03	
NOTE: Signatures of all the inver forms if more than one signature		or their representative(s) are required. Submit multiple
F	rms are submitted.	

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PTO/SB/81 (02-01)

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I hereby appoint:	
Practitioners at Customer Number 28165 OR	Place Customer Number Bar Code Label here
X Practitioner(s) named below:	
Name	Registration Number
Mary J. Breiner	33,161
Theodore Breiner	32,103
Jennifer Pulsinelli	52,139
Herbert W. Mylius	24,578
as my/our attorney(s) or agent(s) to prosecute the application id- business in the United States Patent and Trademark Office connec	
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Telephone	Fax
I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.7 Statement under 37 CFR 3.73(b) is enclosed. (Form PTC)	
SIGNATURE of Applicant or Assigne	ee of Record
Name Cory J. Nelson	
Signature Cory of Nelvon	
Date 9/19/03	
NOTE: Signatures of all the inventors or assignees of record of the entire interest	or their representative(s) are required. Submit multiple
forms if more than one signature is required, see below*. A 'Total of four forms are submitted.	

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PTO/SB/81 (02-01)

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Attorney Docket Number	J-3763

I hereby appoint:		Place Customer		
X Practitioners at	Customer Number 28165	Number Bar Code		
OR		Label here		
X Practitioner(s) na		T		
Mary J. Bre	Name	Registration Number		
	· 			
Theodore B Jennifer Pul		32,103 52,139		
Herbert W.		24,578		
Herbert W.	Wiyitus	(24,370		
	r agent(s) to prosecute the application id			
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lamthe:				
X Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name L. Ni	Name L. Nicholas Senter			
Signature	111.1 OF			
Date 14-31-03				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple				
forms if more than one signature is required, see below*.				
*Total of four fo	rms are submitted.			

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First Named Inventor	Anthony J. Cafferata	
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Group Art Unit		_
Examiner Name		
Attorney Docket Number	J-3763	

I hereby appoint:					
	Customer Number 28165 med below:	Place Customer Number Bar Code Label here			
	Name	Registration Number			
Mary J. Bre	iner	33,161			
Theodore B		32,103			
Jennifer Pul		52,139			
Herbert W.	Mylius	24,578			
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
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Firm <i>or</i> Individual Name					
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Country					
Telephone		Fax			
I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name Steph	an M. Stulo				
Signature Sok	a S				
Date	10-29-03				
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✓ *Total of four forms are submitted.					